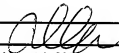
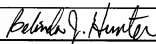


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TRANSMITTAL FORM <i>(to be used for all correspondence after initial filing)</i>		Application Number	10/700,141
		Filing Date	November 3, 2003
		First Named Inventor	IVANOV, Vyshislav
		Art Unit	3749
		Examiner Name	WILSON, Gregory A
Total Number of Pages in This Submission	16	Attorney Docket Number	3769-019 CON

ENCLOSURES (Check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance communication to Technology Center (TC) <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please Identify below): Patent Application Fee Determination Record; Multiple Dependent Claim Fee Calculation Sheet;
Remarks Customer No 22440 Confirmation No 3725		
SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT		
Firm or Individual name	WEISZ, Tiberiu Reg No 29,876	
Signature		
Date	August 1, 2006	

CERTIFICATE OF TRANSMISSION/MAILING		
I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below: Mail Stop AMENDMENT via www.uspto.gov		
Typed or printed name	HUNTER, Belinda J	
Signature		Date August 1, 2006

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PATENT APPLICATION FEE DETERMINATION RECORD				Application or Docket Number 10/700,141	
APPLICATION AS FILED – PART I				SMALL ENTITY OR OTHER THAN SMALL ENTITY	
(Column 1)		(Column 2)			
FOR	NUMBER FILED	NUMBER EXTRA		RATE (\$)	FEE (\$)
BASIC FEE (37 CFR 1.16(a), (b), or (c))	N/A	N/A		N/A	N/A
SEARCH FEE (37 CFR 1.16(h), (i), or (m))	N/A	N/A		N/A	N/A
EXAMINATION FEE (37 CFR 1.16(c), (p), or (q))	N/A	N/A		N/A	N/A
TOTAL CLAIMS (37 CFR 1.16(i))	minus 20 = *			X =	OR X =
INDEPENDENT CLAIMS (37 CFR 1.16(h))	minus 3 = *			X =	OR X =
APPLICATION SIZE FEE (37 CFR 1.16(s))	If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).			N/A	N/A
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(j))				TOTAL	TOTAL 770
* If the difference in column 1 is less than zero, enter "0" in column 2.					
APPLICATION AS AMENDED – PART II					
(Column 1)		(Column 2)		(Column 3)	
AMENDMENT A	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE (\$)	ADDITIONAL FEE (\$)
Total (37 CFR 1.16(i))	* 32	Minus	** 20	=	12
Independent (37 CFR 1.16(p))	* 6	Minus	*** 3	=	3
Application Size Fee (37 CFR 1.16(s))					
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))					
				TOTAL ADD'L FEE	TOTAL ADD'L FEE 474
AMENDMENT B	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE (\$)	ADDITIONAL FEE (\$)
Total (37 CFR 1.16(i))	* 26	Minus	** 32	=	-6
Independent (37 CFR 1.16(p))	* 4	Minus	*** 6	=	-2
Application Size Fee (37 CFR 1.16(s))					
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))					
				TOTAL ADD'L FEE	TOTAL ADD'L FEE (280)

* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".

*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

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**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**Substitute for Form PTO-1360
(For use with Form PTO/SB/06)

Application Number

1/700,141

Filing Date

November 3, 2003

Applicant(s)

IVANOV, Vychislav

* May be used for additional claims or amendments

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT	
	Indep	Depend	Indep	Depend	Indep	Depend
1	✓		C			
2		✓		C		
3		✓		C		
4	✓		C			
5	✓		C			
6		✓	C			
7	✓		C			
8		✓		C		
9		✓		C		
10		✓		C		
11	✓		C			
12		✓		C		
13		✓		C		
14		✓		C		
15		✓		C		
16		✓		C		
17	✓		C			
18	✓		C			
19		✓		C		
20		✓		C		
21	✓		C			
22	✓		C		W	
23	✓		C			
24	✓		C			
25	✓		C			
26		✓		C		
27		✓		C		
28		✓		C		
29		✓		C		
30		✓	A		✓	
31		✓		C		✓
32		✓	A		W	
33		✓		C		W
34		✓		C		W
35		✓		C		W
36		✓		C		W
37		✓		C		W
38		✓		C		W
39		✓	A		W	
40		✓		C		W
41		✓		C		W
42		✓		C		W
43		✓		C		W
44		✓	A		✓	
45		✓		C		✓
46		✓	A		W	
47		✓		C		✓
48		✓		C		✓
49		✓		C		✓
50		✓		C		✓
Total Indep	10					
Total Depend	37					
Total Claims	47					

	As Filed		Pre. Amdt.		III Amdt.	
	Indep	Depend	Indep	Depend	Indep	Depend
51				✓		✓
52				✓		✓
53				✓		✓
54				✓		✓
55				✓		✓
56				✓		✓
57				✓		✓
58				✓		✓
59				✓		✓
60				✓		✓
61				✓	✓	✓
62				✓		✓
63				✓		✓
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67				✓		✓
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73				✓		✓
74				✓		✓
75				✓		✓
76				✓		✓
77				✓		✓
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89				✓		✓
90				✓		✓
91				✓		✓
92				✓		✓
93				✓		✓
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96				✓		✓
97				✓		✓
98				✓		✓
99				✓		✓
100				✓		✓
Total Indep			6		4	
Total Depend			26		22	
Total Claims			32		26	

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